



HAWAII STATE ETHICS COMMISSION  
1001 BISHOP STREET, ASB TOWER 970  
P.O. BOX 616, HONOLULU, HAWAII 96809  
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STATE OF HAWAII  
STATE ETHICS COMMISSION

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

<b>PART I LOBBYIST</b>				
NAME(Last)		(First)	(Middle)	TELEPHONE
Fijioka		Carolyn		(808) 523-1178
MAILING ADDRESS (Street)				FAX
1001 Bishop St. ASB Twr #770				(808) 599-7796
(City)		(State)	(Zip Code)	
Honolulu		HI	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)				TELEPHONE
State Farm Insurance				(Same)
MAILING ADDRESS (Street)				FAX
(Same)				(Same)
(City)		(State)	(Zip Code)	

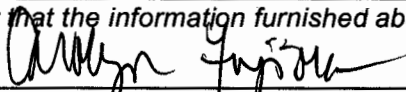
<b>PART II ORGANIZATION</b>			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
State Farm Insurance Companies			(808) 523-1178
MAILING ADDRESS (Street)			FAX
1001 Bishop St. ASB Twr #770			(808) 599-7796
(City)		(State)	(Zip Code)
Honolulu		HI	96813
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Martin Erwin			(916) 321-6923
MAILING ADDRESS (Street)			FAX
1201 K Street Ste 920			
(City)		(State)	(Zip Code)
Sacramento		CA	95814

**PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY**

Agriculture	Education	Human Services	Science, Technology & Economic Development
Communications & Public Utilities	Government Operations & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	✓ Transportation
Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management	Other: (indicate below)
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections	_____

**PART IV CERTIFICATION OF LOBBYIST**

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

  
(Signature of Lobbyist)

1/5/05  
(Date)

**PART V AUTHORIZATION TO LOBBY**

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
------	--

Martin Erwin

Counsel

NAME OF ORGANIZATION (if applicable)

State Farm Insurance Companies

TELEPHONE

916-321-6923

MAILING ADDRESS (Street)

1201 K. St., Suite 920

FAX

916-321-6905

(City)

Sacramento

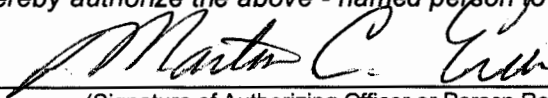
(State)

CA

(Zip Code)

95814

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.



(Signature of Authorizing Officer or Person Represented)

1/10/05

(Date)